

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 14

LED JUN 10 1945

Registration District No. 6

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County AUDRAIN  
(b) City or town VANDALIA  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: WEST WASHINGTON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 46 years (Specify whether years, months or days)  
In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN  
(c) City or town VANDALIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. WEST WASHINGTON  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME BARBARA ELLEN ULRICH

3. (b) If veteran, name war 3. (c) Social Security No. 494-01-70463

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife PHILLIP HENRY ULRICH 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased DECEMBER 12 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 14 hr. min.

9. Birthplace CURRYVILLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WILLIAM H. STEELE  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name SARAH ELIZABETH COWAN  
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Anna Ulrich Mrs. Fairland  
(b) Address Vandalia, Mo.

17. (a) BURIAL (b) Date thereof MAY 28, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETERY

18. (a) Signature of funeral director W. D. Waters

(b) Address Vandalia, Mo.

19. (a) MAY 28 1945 (b) Mattie Fugate  
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 1945  
year 1943 hour 3:50 minute 9 M.

21. I hereby certify that I attended the deceased from April 28 1943 to May 26 1943  
that I last saw her alive on May 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to.

Due to.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury.

23. Signature H. St. Blaud (M. D. or other) 5-27/45  
Address Vandalia Mo Date signed

RECEIVED

District Health Officer No. 10

District File Number 10-43-994

Date Filed JUN 8 1943

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*M. S. Waters*

Licensed Embalmer No.....

*4298*

P. O. Address.....

*Dandalia Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**